## **SELF- NOMINATION AND ACCEPTANCE**

C.R.S 1-13.5-303; 1-45-109(1)(II); 1-45-110; SOS CPF Rule 16; 1-4-908(1); 1-4-912

, <u> </u>
(full name of the candidate as the name will appear on the ballot, cannot use titles such as "MD," "Reverend," or "Chief")
who reside at:
Residence Street Name and Number)
City or Town, Zip Code)
County, State)
Mailing Address, if different from residence address)
whose email address is:
Email Address)
nereby nominate myself and accept such nomination for the office of Director for a
two-year / four-year] term on the Board of Directors of theDistrict at the
regular election on May 2, 2023, and will serve if elected.
affirm that I am an eligible elector of the District and am
an eligible elector at the date of signing this Self-Nomination and Acceptance Form (or etter).
am an eligible elector because I am registered to vote in Colorado and am (mark one):
A resident of the District; or
The owner (or spouse/civil union partner of owner) of taxable real or personal property situated within the boundaries of the District, Spouse's Name, if property is in spouse's name:
A person who is obligated to pay taxes under a contract to purchase taxable property within the District.
Mark here if you are a member of an executive board of a unit owner's association, as defined in § 38-33.3-103 of the Colorado Revised Statutes, located within the boundaries of the district for which you are running for office.

I further affirm that I am familiar with the provisions of the Fair Campaign Practices Act as required in § 1- 45-110 of the Colorado Revised Statutes, and I will not, in my campaign for this office, receive contributions or make expenditures exceeding \$200 in the aggregate during the election cycle, however, if I do so, I will thereafter file all disclosure reports required under the Fair Campaign Practices Act.

DATED this	day of	, 2023 . <b>WITNESSED</b> by the
following registered el	ector:	
(Signature of Candidate) (S	ignature of Witness	
(Signature of Candidate) (C	ignature or writiess)	
(Printed Full Name of Cand	idate) (Printed Full Name of Wi	tness)
(Email Address) (Residence	Address) (County) (City/Town	, State, Zip Code)
(Telephone Number) (Telep	hone Number)	
	nated Election Officials	
(date)	, al.	Received by: (time)
Self-Nomination Form Sufficient on:	Deemed: (D	eate/Time)
Not Sufficient on:	C	andidate Notified on: (Date)
Received Amended F	orm on:	(Date/Time)
Amended Form Suffic	ient on:	(Date/Time)
County in which the di	strict court that authorize	ed the creation of the special district is located:
County.		
After review, the DEO than the 67th day prior to th	•	of the sufficiency or insufficiency of the candidate; no later
		ETARY OF STATE IF YOUR ELECTION IS CANCELLED!***
	cceptance form must be	ne election is not cancelled, the filed with the Secretary of State no later than the 60th day